JUL 2 9 2005

09/936697 JC10 Rec'd PCT/PTO 29 JUL 2005

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

PCT/SE00/00544	
3/20/2000	
Lars Egnell	
Unassigned	
Unassigned	
CISCP727PCT	
	3/20/2000 Lars Egnell Unassigned Unassigned

I hereby revoke all	previous	powers of attorney give	n in the abov	e-identified ap	plication.			
I hereby appoint:		, , ,						
Practitioners a	ssociated	with the Customer		54406	,		, ,	, ,
OR		,			MAL	カィ	691	
Practitioner(s)	named be	low:		(1/3	6 96	/
	Name			Registration Number				
					1			
								1
as my/our attorney(s) o Trademark Office conn	r agent(s) ected there	to prosecute the application	identified abov	e, and to transac	t all business	in the Unite	ed States Pater	nt and
	-	correspondence address for with the above-mentioned			on to:			
_	associated	with the above-mentioned	Customer Nur	nber:				
OR								
_	associated	with Customer Number:						
OR								
Firm or Individua	l Name							9
Address								j. d. i
City			State			Zip		
Country							*	
Telephone			Fax					
	ord of the	entire interest. See 37 CF 3.73(b) is enclosed. (Form						
		SIGNATURE of	Applicant or A	ssignee of Rec	ord			
Signature		If fal.	17	7	Date	July_	/2 , 2005	
Name	Robert	Barr	d-1	-2-	Telephone	(408)	526-4000	
Title and Company	Vice Pr	esident, Intellectual Pro	perty					
NOTE: Signatures of all the signature is required, see be	inventors or elow*.	assignees of record of the entir	e interest or their	representative(s) a	re required. Sub	omit multiple	forms if more than	one eno
*Total of		_ forms are submitted.						